

**Fort Campbell Housing Services Office  
Complaint Form – Off Post**

Date of Contact \_\_\_\_\_

HSO Representative \_\_\_\_\_

**Personal Data:**

Name \_\_\_\_\_ Rank \_\_\_\_\_ SSN# \_\_\_\_\_

Unit \_\_\_\_\_ Phone \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Present Address \_\_\_\_\_

Complaint Address \_\_\_\_\_

**Basis of Complaint:**

*Indebtedness* \_\_\_\_\_ *Lease* \_\_\_\_\_ *Sec. Deposit* \_\_\_\_\_ *Damage* \_\_\_\_\_

*Repair Deficiency* \_\_\_\_\_ *Discrimination* \_\_\_\_\_ *Other* \_\_\_\_\_

Landlord \_\_\_\_\_ Phone \_\_\_\_\_

Brief Statement of Complaint \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Witness who can verify your complaint \_\_\_\_\_ Phone \_\_\_\_\_

---

**HSO – Housing Division Section**

Date of Contact with Landlord/Tenant \_\_\_\_\_

Date of Inspection \_\_\_\_\_

Landlord/Tenant's Statement \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summary of Inquiry \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of HSO Representative

\_\_\_\_\_  
Date